



# Missouri Department of **MENTAL HEALTH**

## **HOPE OPPORTUNITY COMMUNITY INCLUSION**

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**FISCAL YEAR 2019  
ANNUAL REPORT**



# Missouri Department of **MENTAL HEALTH**

## Mission

**Prevention, Treatment, and  
Promotion of Public Understanding**  
for Missourians with mental illnesses,  
developmental disabilities, and addictions.

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## Vision

**Hope ▼ Opportunity ▼ Community Inclusion**

*Missourians receiving mental health services will have the  
opportunity to pursue their dreams and live their lives as  
valued members of their communities.*

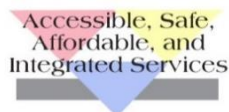
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## Values



**Community  
Inclusion**

Missourians who participate in mental health services are welcomed and equally included in education, work, housing, and social opportunities in their communities.



**Accessible, Safe,  
Affordable, and  
Integrated Services**

Missourians with mental health needs easily access safe, affordable, and integrated medical and behavioral services.



**Partners in  
Personal Service  
Design**

Missourians participating in mental health services are active partners in designing their services and supports.



**Effectiveness  
Measured by  
Participant Outcomes**

The effectiveness of Missouri's mental health services is measured by meaningful outcomes experienced by the people receiving them.



**Valued and  
Motivated Staff**

Missourians receive mental health services from competent, motivated, and highly valued staff serving as effective stewards of the public trust.



**Prevention and  
Early Intervention**

Emphasizing prevention and early intervention strategies avoids or minimizes the mental health problems of Missourians.



**Respected Unique  
Participant  
Characteristics**

Missourians participating in mental health services are valued for their uniqueness and diversity and respected without regard to age, ethnicity, gender, race, religion, sexual orientation, or socio-economic condition.



## **Mental Health Commission**

*Kathy A. Carter*

Kansas City

*Stephen Huss, Ph.D.*

Hillsboro

*Steve Roling*

Kansas City

*Dennis H. Tesreau*

Herculaneum

*Mary Patrick Seigfreid*

Mexico

*Karl Wilson, Ph.D.*

St. Louis

## **Administrative Staff**

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Though its functions date back to 1847, the Missouri Department of Mental Health was first established as a cabinet-level State agency by the Omnibus State Government Reorganization Act effective July 1, 1974.

State law provides three principal missions for the department: (1) prevention of mental disorders, developmental disabilities, substance use disorders, and compulsive gambling; (2) treatment, habilitation, and rehabilitation of Missourians who have those conditions; and (3) improvement of public understanding and attitudes about mental disorders, developmental disabilities, and addictive disorders.

### ***Mental Health Commission***

The Mental Health Commission, composed of seven members, appoints the director of the Department of Mental Health with confirmation of the State Senate. The Commissioners are appointed to four-year terms by the Governor, again with the confirmation of the Senate. Commissioners serve as principal policy advisers to the department director. The Commission, by law, must include individuals who represent Missourians with mental illness, developmental disabilities, and substance use disorders and who have expertise in general business matters. Current commissioners are listed on page two.

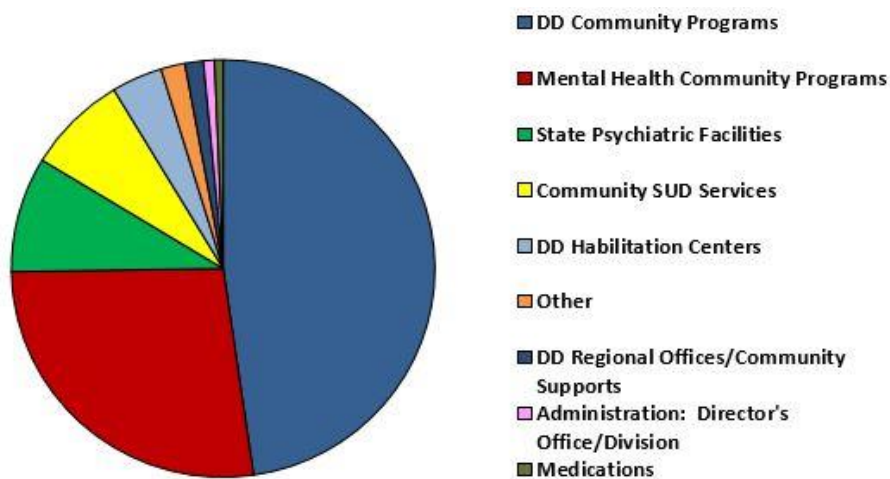
The Department of Mental Health is comprised of three divisions that serve more than 170,000 Missourians annually: Division of Behavioral Health, Division of Developmental Disabilities and Division of Administrative Services.

### **FY 2019 DMH Budget by Program Category**

<b>Budget Category</b>	<b>Amount</b>	<b>% Total</b>	<b>FTE</b>
DD Community Programs	\$1.064 billion	47.7%	25 FTE
Mental Health Community Programs	\$604 million	27.1%	30 FTE
State Psychiatric Facilities	\$199 million	8.9%	3,744 FTE
Community Substance Use Disorder Services	\$171 million	7.7%	32 FTE
DD Habilitation Centers	\$87 million	3.9%	2,459 FTE
Other: (Fed. Grants, MH Trust Fund, Overtime Pool, Fed. Revolving funds, etc.)	\$41 million	1.8%	11 FTE
DD Regional Offices/Community Support	\$31 million	1.4%	693 FTE



Budget Category	Amount	% Total	FTE
Administration-Dir. Office/ Divisions	\$19 million	0.8%	219 FTE
Medications	\$15 million	0.7%	0 FTE
TOTALS	\$2.231 billion	100.0%	7,213 FTE



- DMH generates \$312 million per year in reimbursements from Medicaid, Medicare, disproportionate share (DSH) and other third party pay.
- Approximately 60% of all DMH GR funding is used as match for DMH services funded through the Medicaid program.

Several support units assist the department and division directors in implementing DMH's programs and services. They include:

1. Audit, Investigations, Deaf Services, Office of Constituent Services
2. Information Systems
3. Office of Public and Legislative Affairs (includes Disaster Services)
4. Human Resources
5. General Counsel (Regulations, Hearings and Appeals)

DMH makes services available through state-operated facilities and contracts with private organizations and individuals. The state-operated facilities include six adult psychiatric hospitals and one children's psychiatric facility. In addition, four habilitation centers, three community support agencies, one crisis community support agency, five regional offices and six satellite offices serve individuals with developmental disabilities. The department also purchases services from a variety of privately operated programs statewide through approximately 1,300 contracts.

**The Division of Administrative Services includes the following units:**

1. **Accounting:** oversees and monitors all funds, manages expenditures, administers grant funds, and produces fiscal summaries, analyses and reports.
2. **Purchasing and General Services:** establishes and administers contracts with private agencies or individuals to provide services in the community and is also responsible for various General Services functions in central office.
3. **Budget and Finance:** develops and monitors the annual budget, oversees the legislative fiscal note process, provides expenditure oversight, analyzes and compiles financial and other related reports.
4. **Reimbursements:** collects payments from private insurance, Medicaid and Medicare, and private pay for department services and coordinates revenue maximization activities.
5. **Medicaid:** directs Medicaid issues for DMH. Responsibilities include assisting the program divisions in developing and implementing new Medicaid covered programs, interpreting and ensuring compliance with Medicaid state plans and federal regulations, and initiating and implementing revenue maximization strategies. The section also works closely with the Department of Social Services/MO HealthNet Division and Medicaid legal consultants.



The Division of Behavioral Health (DBH) manages programs and services for people who need help for mental illness or substance use disorders. Services available are evaluation, intervention, treatment, rehabilitation, recovery support, family support, prevention, education, and mental health promotion.

Most prevention, treatment and recovery services are provided by community programs that have contracts with DBH. These programs must meet federal and state requirements in order to provide mental health and substance use disorder services. The cost of services is based on an individual's ability to pay.

Those who have priority for mental health services are:

- People with serious mental illness,
- Individuals and families in crisis,
- People with mental illness who are homeless,
- Individuals committed for treatment by the court system, and
- Children with severe emotional disturbances.

For substance use disorder treatment, priority is given to:

- Pregnant women,
- Intravenous (IV) drug users, and
- Specific referrals from other state agencies.

DBH and its contracted programs offer the above mentioned services to help people with mental illness and substance use disorders. These services help prevent crime and make communities safer, reduce emergency room visits, and prevent school dropout. Many people are able to keep their jobs or get help finding jobs when they receive services.



## *DBH - Services for Substance Use Disorders*

### **Overview**

Alcohol and drug misuse, tobacco use, and compulsive gambling affect more than two million Missourians. DBH funds prevention, treatment and recovery programs for substance use disorders, a problem that costs the State's economy an estimated \$7.7 billion a year in lost productivity, healthcare expenditures, property damage, and crime. During the past year, programs funded by DBH provided treatment, intervention, and screening to nearly 63,800 people.

The DBH State Advisory Council makes recommendations regarding the types of services needed throughout Missouri. Council members are individuals in recovery, family members of individuals with substance use disorders, substance use disorder treatment and recovery professionals, and others with an interest in substance use disorder prevention, treatment and recovery.





The operating budget for Fiscal Year (FY) 2019 for DBH's substance use disorder treatment services was \$173,720,784.

### **Prevention**

The year's appropriation (FY 2019) for prevention and education was \$13,077,216. The Prevention Unit's mission is to reduce adverse outcomes from the harmful use of alcohol, tobacco and other drugs. Prevention focuses on impacting factors that put individuals, especially children and youth, at risk for engaging in substance use. Included are individual and peer factors, school and family factors, and community and environmental factors. DBH's prevention system has eight components available statewide:

1. **Prevention Resource Centers (PRCs)** provide training, technical assistance and support for community coalitions. Their goal is to assist coalitions to make changes in substance use patterns in their communities.
2. **Community Coalitions**, launched in 1987, are volunteer groups focused on alcohol, tobacco and other drug issues. Coalitions receive technical assistance and training from Prevention Resource Centers on a variety of topics related to organizational development and implementation of prevention strategies. There are over 160 registered coalitions in Missouri.
3. **The Statewide Training and Resource Center (STRC)** provides resources, training and technical assistance to the PRCs and community coalitions. The STRC presents a number of training workshops throughout the year and an annual statewide prevention conference.
4. **Direct Prevention Services** include prevention education and early intervention activities for designated children, youth and families. These services involve structured programming and/or a curriculum, have multiple sessions, include pre- and post-testing, and address identified risk and protective factors.
5. **School-based Prevention Intervention and Resource Initiative (SPIRIT)** delays the onset of substance use, decreases the use of substances, improves overall school performance, and reduces incidents of violence. To achieve these goals, prevention agencies are paired with school districts to provide technical assistance in implementing evidence-based substance use prevention programming. SPIRIT currently operates in four sites serving nine school districts across the state, including Carthage R-IX, East Prairie, Greenwood, Knox Co. R-1, Macon, New Madrid Co. R-1, Ritenour, Scotland Co. R-I and South Shelby.
6. **College-based Programs** through the Partners in Prevention (PIP) coalition are provided on the following 15 state-supported and eight private institutions of higher education: Columbia College, Drury University, Evangel University, Harris-Stowe State University, Jefferson College, Lincoln University, Maryville University, Missouri Southern State University, Missouri State University, Missouri University of Science



and Technology, Missouri Western State University, Northwest Missouri State University, Rockhurst University, Saint Louis University, Southeast Missouri State University, State Technical College of Missouri, Truman State University, University of Central Missouri, University of Missouri-Columbia, University of Missouri-Kansas City, University of Missouri-St. Louis, Washington University and Westminster College. These programs work toward reducing rates of harmful and dangerous drinking on campuses.

**7. Partnerships for Success Grant** - In 2015, DMH was awarded a five-year Partnerships for Success grant to target substance use among youth ages 12 to 18 in southeast Missouri. A resiliency approach is being used to reduce risk factors and promote protective factors common to alcohol, tobacco, and other drug use, including prescription drug misuse. Missouri's program is designed to: 1) enhance protective factors and reverse or reduce risk factors, 2) address all forms of substance use, 3) increase academic and social competence, and 4) present consistent, community-wide messaging. Interventions target the individual, family, and community ecological levels to support positive youth development and are based upon the Strategic Prevention Framework.

**8. Missouri Heroin Overdose Prevention and Education (MO HOPE) Project** - In 2016, DMH was awarded a five-year federal grant to directly address the opioid crisis through overdose education and naloxone distribution. Priority area is the Eastern Region.

### **Substance Use Disorder Treatment**

DBH contracts with a network of providers that offer community based treatment. DBH monitors these providers and their treatment staff, who must meet state certification standards. An array of Division-funded and supported clinical treatment and recovery support services are located statewide. Clinical treatment and recovery support services are designed to provide a continuum of services to assist individuals and their families with substance use disorders in achieving and maintaining recovery, including finding meaningful employment and stable housing. Treatment services include:

**Primary Recovery Plus** – DBH has a comprehensive package of individualized services and therapeutic, structured activities designed to promote long-term recovery from substance use disorders. These services have three basic levels of intensity that include assessment, individual, group and family interventions, medication and physician services, participation in self-help groups, and other supportive services. Detoxification and residential support are offered for those who need a safe, drug-free environment in the early stages of the treatment process.

**The Comprehensive Substance Treatment and Rehabilitation Program (CSTAR)** approach to substance use disorder treatment includes a flexible combination of clinical services, living arrangements, and support services individually tailored for each person. Funded by Medicaid and DBH's purchase-of-service system, the CSTAR General Population programs, population-specific services and supports are available in the following specialized programs:



- **CSTAR Women's and Children's Treatment Program** - Substance use affects women differently than men, both physically and psychologically. Single women, pregnant women, and women with children may enter specialized women's CSTAR treatment programs. These programs provide a complete continuum of treatment services and housing supports tailored to the unique needs of women and children. Two of these programs, known as "Alt Care," are specifically designed for female offenders under the supervision of the Missouri Department of Corrections.
- **CSTAR Adolescent Treatment Programs** - Early intervention, comprehensive treatment, academic education, and aftercare are important in averting chronic use and accompanying problems that might otherwise follow a young person for a lifetime. The specially trained staffs of adolescent CSTAR programs use individual, group, and family interventions.
- **CSTAR Opioid Treatment Programs** - This program type is designed for people with severe opiate use disorders. It includes methadone maintenance therapy as well as the use of other FDA-approved medications along with medically supervised withdrawal from heroin and other opiates. Ongoing counseling and other psychosocial services are provided to promote long-term recovery. Missouri's program meets strict federal guidelines.
- **CSTAR Medically Monitored Inpatient Detoxification Programs** – These short-term programs offer a moderate level of medical care to individuals whose intoxication or withdrawal symptoms are so severe that 24-hour inpatient care and monitoring is required, but the full resources of a hospital are not necessary.

**Compulsive Gambling** - DBH provides outpatient treatment services to individuals with gambling disorders and their families. Funding comes from a portion of casino admission fees.

**Substance Awareness Traffic Offenders Program (SATOP)** - Each year, thousands of people are injured or killed in impaired driving traffic crashes. DBH certifies programs to provide screening, education and treatment services to individuals who have had an impaired driving offense, or in the case of youth, have pled or been found guilty of being a minor in possession. SATOP screens Driving While Intoxicated (DWI) offenders annually who are referred as a result of an administrative suspension or revocation of their driver's license, a court order, a condition of probation, or a plea bargain. When a driver's license is suspended or revoked due to an impaired driving offense, SATOP is, by law, a requirement for license reinstatement. All SATOP offenders enter the system through an Offender Management Unit. Offenders receive a screening assessment that includes a review of their driving record, Blood Alcohol Content (BAC) at the time of arrest, computer-interpreted assessment, and interview with a qualified professional. Based upon the information gathered during the screening, an appropriate referral is made to one of several SATOP programs.



**Recovery Support Services** funded by DBH's purchase-of-service system provides access to recovery support options. These services are provided by faith and community-based organizations and are designed to enhance participation in treatment, promote community integration, and foster recovery from substance use disorders. Recovery support programs offer services such as care coordination, recovery coaching, spiritual counseling, group support, recovery housing and transportation, before, during, after, and in coordination with other substance use disorder service providers.

**The Justice Reinvestment Initiative Treatment Pilot (JRITP)** is a specialized program for individuals on probation or parole who are identified as having a substance use disorder or a co-occurring disorder and are considered at high risk for reoffending. The program is administered collaboratively by the Missouri Department of Corrections and DBH. Probation and Parole staff work on a team with local behavioral health treatment and recovery providers to ensure individuals under supervision receive individualized evidence-based treatment in the community. The model emphasizes the importance of care coordination and peer support services. JRITP became operational September 2019 in Boone, Buchanan, and Butler counties and as of August 1, 2019, approximately 329 clients have been served. FY 2020 JRITP expansion is planned in Greene, Polk and Jefferson counties.

**Missouri's State Targeted Response to the Opioid Crisis Grant (Opioid STR) and Opioid Response Grant (Opioid SOR)** - Missouri completed work on the Substance Abuse and Mental Health Services Administration (SAMHSA) grant, Opioid STR. The grant awarded \$20,031,796 over two years and ended April 30, 2019. On September 19, 2018, DMH received a Notice of Award from SAMHSA for the Missouri State Opioid Response Grant (Opioid SOR) for \$36,728,076 over two years from September 30, 2018 – September 29, 2020. Missouri also received \$9,586,028 in additional supplemental funds from SAMHSA for the Opioid SOR grant in April 2019.

The Missouri SOR project will build upon the system changes for Opioid Use Disorder (OUD) prevention, treatment, and recovery that have been activated by Missouri's Opioid STR grant, while focusing more explicitly on high-risk and vulnerable populations (pregnant and parent women, justice-involved persons, racial minorities, active drug users, individuals in rural areas, at risk youth, etc.). DMH is leading the project with administration, implementation and evaluation activities performed by the University of Missouri, St. Louis (UMSL) - Missouri Institute of Mental Health (MIMH). Missouri's Opioid SOR project will further transform the system of care for OUD by implementing evidence-based protocols demonstrated to save lives, offering extensive multimodal professional training and consultants, and delivering effective and compassionate service to individuals across healthcare settings throughout the state.

Project activities include developing and expanding efforts related to prevention, treatment and recovery from opioid use/misuse.

The development and implementation of a standardized protocol for medications for OUD is a large focus of this grant, with an emphasis on treating OUD within a chronic care model and increasing utilization of maintenance medication.



### **Prevention**

1. Promote opioid-related education in schools and communities,
2. Lead chronic pain management education for providers, and
3. Provide increased access to overdose education and naloxone distribution for those at risk of experiencing or witnessing an opioid overdose.

### **Treatment**

1. Recruit, train, and support providers for medication delivery,
2. Provide medications for uninsured individuals with OUD that uses a chronic disease management model,
3. Supply hospital-based screening, treatment induction, and connection with community care in the St. Louis area, with statewide expansion,
4. Increase access to telemedicine for OUD treatment, and
5. Provide evidence-based medical treatment services to incarcerated individuals with OUD in the largest jail in Missouri.

### **Recovery**

1. Support safe and effective recovery housing,
2. Build the workforce of certified peer specialists to help individuals meet their recovery goals, and
3. Promote wellness and recovery through recovery community centers in high-need areas. This will reduce stigma and provide information, engagement, and support for long-term recovery.

### **Sustainability and Community Impact**

1. Reduce the barriers to the provision of medications and naloxone by changing DMH billing and service policies,
2. Provide education, training, and infrastructure support to ensure continuation of effective treatment and recovery services following the conclusion of the Opioid STR grant period, and
3. Promote policy changes to reduce barriers and expand access to medication for individuals on Medicaid.

### **Program Eligibility**

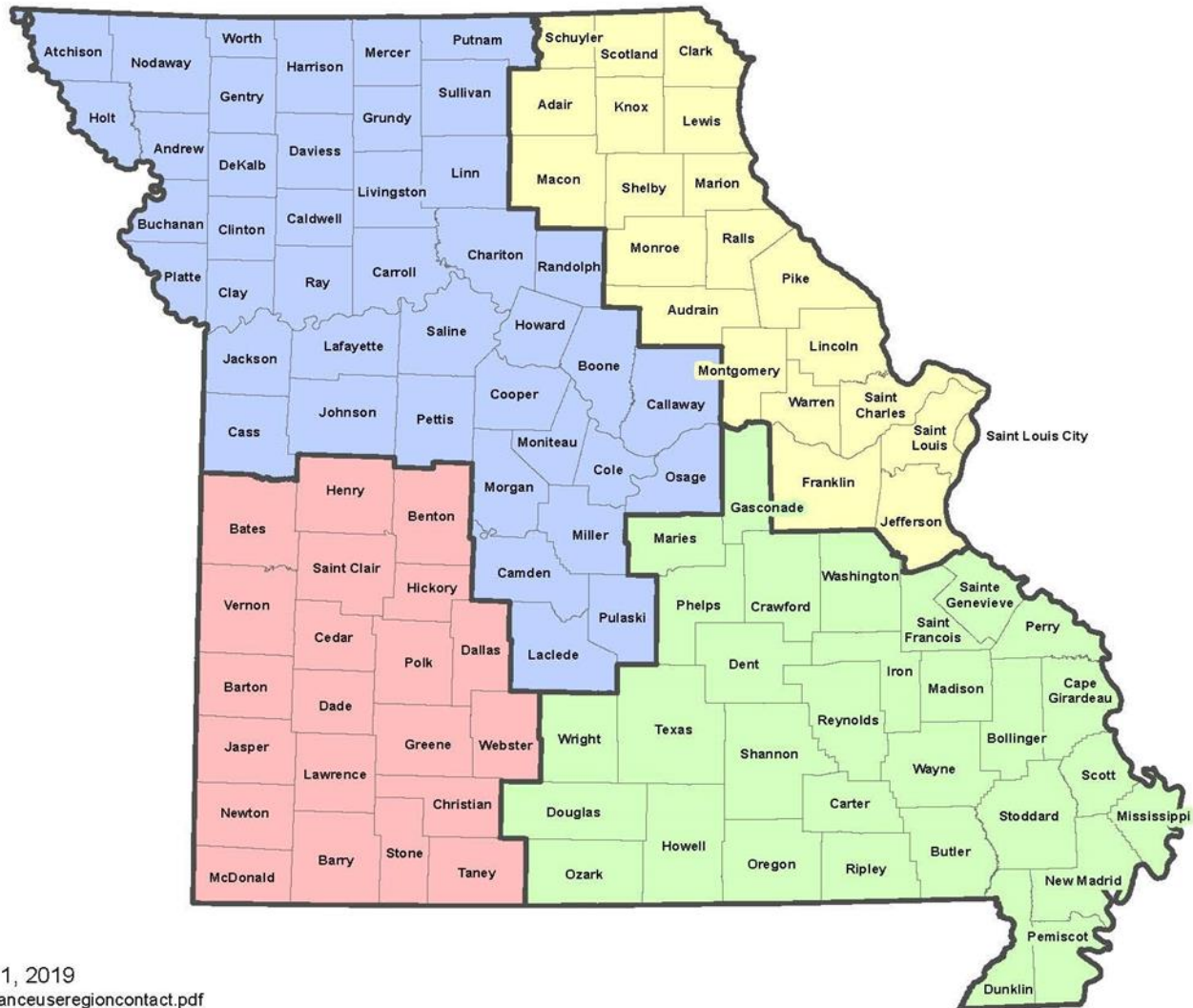
All Missourians are eligible to receive prevention and substance use treatment services provided by DBH. A Standard Means Test is used to determine if people have the ability to pay for a portion of their treatment services. Additional information on substance use disorder treatment and recovery is available from the [DBH Regional Offices](#).

On the following page is a map of the Regional Offices for substance use services.





**MISSOURI DEPARTMENT OF MENTAL HEALTH**  
**Division of Behavioral Health**  
**REGIONAL OFFICES FOR SUBSTANCE USE SERVICES**



July 1, 2019  
substanceuserregioncontact.pdf

**Western Region**

**Southwest Region**

**WESTERN AND SOUTHWEST REGIONS**

Denise Norbury, REO, Division of Behavioral Health  
Southwest Missouri Psychiatric Rehabilitation Center  
1301 Industrial Parkway East  
El Dorado Springs, MO 64744  
Phone: 417-876-1002  
Fax: 417-876-2380

**Western Region Office**

Division of Behavioral Health  
2600 East 12th Street  
Kansas City, MO 64127  
Phone: 816-482-5770  
Fax: 816-482-5774

**Eastern Region**

**EASTERN REGION**

Laurent Javois, REO, Division of Behavioral Health

**Eastern Region Office**

Saint Louis Psychiatric Rehabilitation Center  
5300 Arsenal Street  
Saint Louis, MO 63139  
Phone: 314-877-0370  
Fax: 314-877-0392

**Southeast Region**

**SOUTHEAST REGION**

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Fax: 573-218-6703

**Southeast Region Office**

Division of Behavioral Health  
5400 Arsenal Street  
Saint Louis, MO 63139  
Phone: 314-877-0372  
Fax: 314-877-6130



### **Overview**

DBH is responsible for prevention, evaluation, treatment, and rehabilitation services for individuals and families qualifying for publicly funded mental health services. DBH provides services directly through its state-operated facilities and also contracts with 20 Administrative Agents' community programs. Fifteen Administrative Agents deliver community services as Certified Community Behavioral Health Organizations (CCBHOs). CCBHOs provide a full array of evidence-based services through a perspective payment system which leads to increased access and quality of care.

DBH also contracts for or funds community housing options, depending on individual needs. The FY 2019 operating budget for mental illness services was \$824,256,860.

DBH gives priority to people with Serious Mental Illness (SMI). The target populations include adults with SMI; forensic clients pursuant to Chapter 552, RSMo; adults with SMI being discharged from state-operated inpatient facilities; individuals being transitioned from state-operated or contracted residential settings; individuals being transitioned from alternatives to inpatient hospitalization; adults, children and youth at risk of homelessness; children and youth referred through the Custody Diversion Protocol; and children and youth with Serious Emotional Disturbance (SED), as defined by the Department.

The DBH State Advisory Council makes recommendations regarding the types of services needed throughout Missouri. Council members include individuals in recovery from mental illness, family members of children with serious emotional disorders, mental health treatment professionals, and others with an interest in prevention, treatment, and recovery.

### **Prevention and Mental Health Promotion**

**Mental Health First Aid (MHFA)** is a course designed to teach the general public how to recognize symptoms of mental health problems, how to offer and provide initial help, and how to guide a person toward appropriate treatment and supports. The Missouri Institute of Mental Health (MIMH) and Prevention Resource Centers partner with DBH to provide training to schools and communities across the state. MHFA is included in the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Registry of Evidence-based Programs and Practices (NREPP). Missouri is one of the founding partners who brought MHFA to the United States from Australia.

**Suicide Prevention** – DMH has actively supported the Zero Suicide initiative within the state. The Missouri Coalition for Community Behavioral Healthcare, with support from DMH and the national Suicide Prevention Resource Center, hosted Show Me Zero Suicide Learning Collaboratives. Signs of Suicide (SOS) trainings that focus on teaching school staff and students to identify symptoms of depression, suicidality, and self-harm also took place around the state.

**Missouri Suicide Prevention Network (MSPN)** – DMH and the Missouri Coalition for Community Behavioral Healthcare partnered to create a statewide





Suicide Prevention Network (MSPN). The MSPN brings together prevention and clinical experts from across the state to focus on suicide prevention and intervention in Missouri. This group will coordinate ongoing efforts toward suicide prevention and intervention and will inform the development of new initiatives.

**Show Me Zero Suicide Initiative Grant** aims to reduce youth suicide through an integrated systems-level approach. Services are being focused on a five-county region in western Missouri, centered on Jackson County, which includes Kansas City, as well as surrounding counties with more rural areas. The overall aim of the *Show Me Zero Youth Suicide Initiative* is to reduce suicides and suicide attempts by accomplishing three major goals:

- 1) Improve the system of care of suicidal youth who use hospital emergency departments, in-patient psychiatric facilities, and/or crisis hotlines;
- 2) Improve the capacity of school systems to identify, respond, and refer youth at risk of suicide; and
- 3) Strengthen overall prevention efforts for at-risk youth populations in other settings.

**Crisis Intervention Team (CIT)** – DBH supports the expansion of CIT in Missouri – increasing the number of councils and officers trained. CIT is designed to improve the outcome of police interactions with people with mental illness by de-escalating crisis situations, decreasing the use of force by officers, and increasing access to community treatment options. Over 10,800 law enforcement personnel have been trained on how to approach and assist individuals in mental health crisis.

### **State Psychiatric Treatment Facilities**

DBH operates six adult psychiatric hospitals along with a small number of community residential beds. In addition, DBH operates one children's psychiatric hospital, the only one of its kind in the state.

**Adult Inpatient Facilities** - The six adult hospitals inpatient treatment to individuals referred through the criminal justice system on a regional basis and are located in St. Louis, St. Joseph, Fulton, Kansas City and Farmington. DBH also operates three group homes in Kansas City that serve individuals who are dually diagnosed with mental illness and developmental disabilities. The adult facilities combined appropriated budget for FY 2019 was \$165,585,178.

Services include on-going assessment and treatment of individuals with serious mental illness whose recovery is impeded by complications of treatment resistant illness, chronic substance use disorders, developmental disabilities, brain trauma, and legal issues. In addition to traditional psychiatric and medication services, treatment programs include cognitive behavioral therapy; social learning therapy; dialectal behavioral therapy; treatments specific to those with co-occurring mental illness and development disability, or co-occurring mental illness and substance use disorder; competency restoration; and treatment specific to sexual offending.

**Child Inpatient Treatment Facility** - Services for children and youth up to the age of 18 with serious emotional disturbances are provided in one Division-operated facility. Hawthorn



Children's Psychiatric Hospital in St. Louis provides both acute hospitalization and residential treatment. This facility had an appropriated budget of \$9,667,823 for FY 2019.

**Forensic Support Services** – Under Chapter 552, RSMo, DMH is mandated to monitor individuals in forensic status who have been acquitted as not guilty by reason of mental disease or defect and given conditional release to the community by circuit courts. Monitoring is provided by forensic case monitors under the auspices of the Director of Forensic Services. There are 11 forensic case monitors located across the state: three in St. Louis, two in Kansas City, two in Fulton, one in Nevada, and three in Farmington. Forensic case monitors must see each forensic client at least monthly to monitor compliance with conditions of release and ensure public safety.

The Department, upon order of the circuit court, provides pretrial evaluations pursuant to Chapter 552, RSMo. The Department requires that evaluations be completed by certified forensic examiners who must hold doctorate degrees in medicine, osteopathy, or psychology and complete required supervision and training. Pretrial evaluations must be completed within the 60-day statutory timeline.

The FY 2019 budget for forensic support services was \$869,084 for monitoring of those committed to the department but who are on conditional release from an inpatient treatment setting. In FY 2019, 419 forensic clients were monitored in the community.

### **Certified Community Behavioral Health Organizations (CCBHOs)**

Fifteen Administrative Agents deliver community services as CCBHOs. Originating from the Excellence in Mental Health Act sponsored by Missouri Senator Roy Blunt, CCBHOs provide a full array of evidence-based services through a cost-based reimbursement prospective payment system (PPS). The PPS method allows for outreach, engagement, care management and coordination that was previously not reimbursed under the fee-for-service model. The PPS model has led to enhanced and increased treatment capabilities through: workforce, access to care (with some agencies providing same day appointments), availability of medication assisted treatment for substance use disorders; and school-based and emergency room services.

### **Children's Treatment Programs**

DBH provides comprehensive services to children and youth. Services and policies are based on the guiding philosophy of being family-driven, child-centered, culturally competent and community-based. The work done to prevent families from having to relinquish custody to the state solely to access mental health services continues, and over half of those youth are maintained in their home community. Partnerships continue to grow with child welfare, juvenile justice, health and educational providers to ensure that services are coordinated to increase the likelihood of improved functioning and successful outcomes for children and families. DBH has partnered with Medicaid to leverage federal funds to expand the array of services available to children and families. Efforts to ensure quality service provision include enhanced monitoring, training on evidence based practices, and utilization of standardized functional outcome measures.



### **System of Care Community Enhancement for Early Signs and Symptoms (SOCC-ESS) -**

The goal of this grant is to improve outcomes for youth ages 9-17 and their families affected by or at risk of early onset psychosis. It is a \$3 million grant for four years.

The following services are available in communities:

The **Community Psychiatric Rehabilitation (CPR)** program serves children with serious emotional disturbances. This is a family-driven, child-centered approach that emphasizes individual choices, flexible services, existing community resources, and natural support systems. CPR promotes independence and the pursuit of meaningful living, working, and learning activities in normal community settings. CPR includes assessment, crisis intervention, medication services, consultation, metabolic screening, community support, family support, family assistance, day treatment, individual and group professional services, and psychosocial rehabilitation. In addition, Intensive Community Psychiatric Rehabilitation provides services that will maintain the child or youth within the family if possible.

**Community Services** include a menu of mental health services provided by professionals in community mental health centers as defined in Sections 630.405-630.460, RSMo, 1996. Some children/youth may require a temporary placement out of the home to achieve psychiatric stability. Three types of placements are available to children:

**Treatment Family Homes** provide individualized treatment within a community-based family environment with specially trained parents. They provide out-of-home services for those needing them, but also allow children to remain in their own communities and often in their home school districts.

**Professional Parent Homes** serve youth whose special emotional needs lead to behaviors that in the absence of such programs would most likely place the youth in more restrictive residential settings. These youth have demonstrated an inability to be successful in the community without a sustained intensive therapeutic intervention. A Professional Parent Home is considered a more restrictive placement option than a Treatment Family Home, but less than a psychiatric hospital or residential program. Individuals who have had extensive training provide effective interventions.

**Residential Treatment** services consist of highly structured care and treatment to youth, generally on a time-limited basis, until they can be stabilized and receive care in a less-restrictive environment or at home.

### **Adult Community Treatment Programs**

The **Community Psychiatric Rehabilitation (CPR)** program is a consumer-centered approach that emphasizes individual choices and needs; features flexible services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe,



disabling mental illnesses. Core services include evaluation, crisis intervention, community support, medication management, consultation services, and psychosocial rehabilitation. Other services include behavioral health assessment, treatment planning, peer support services, metabolic screening, Assertive Community Treatment, illness management and recovery, individual and group counseling, integrated treatment for co-occurring disorders, residential and nonresidential intensive CPR.

Because CPR is a Medicaid program, the federal government pays approximately 65 percent of the costs for eligible persons. The DBH spent about \$108.8 million from general revenue for the 35 percent state match in FY 2019.

**Community Services** consist of contractual arrangements to purchase community behavioral health services from local mental health professionals and community mental health centers as defined in Sections 630.405 - 630.460, RSMo, 1996.

**Residential Services** provide a variety of housing alternatives to meet the diverse needs of individuals. DMH assists Missourians challenged by mental illness, substance use disorders, and developmental disabilities in obtaining and maintaining safe, decent, and affordable housing options that best meet their individual and family needs. Housing is key to helping Missourians with disabilities and their families attain self-determination and independent living. Examples of some of the residential services included are:

- **Shelter Plus Care** is a program designed to link rental assistance to supportive services on a long-term basis for homeless persons with disabilities and their families. This DMH-funded program provides housing choices and supportive services for the hard-to-reach homeless population with disabilities. Missouri has 33 Shelter Plus Care grants.
- **Homeless Veterans** receive housing supports in partnership with the Department of Veterans Affairs. Fifty homeless Veterans are served by the program at St. Patrick Center in St. Louis. An additional 28 are housed and receive services from the Supportive Services for Veteran Families (SSVF) program at the St. Patrick Center while waiting to get into permanent housing.
- **Supported Community Living** programs are provided for approximately 2,750 persons with mental illness who do not have a place to live or who need structured services.
- **Intensive Community Psychiatric Rehabilitation Residential (ICPR RES)** is comprised of medically necessary on-site residential services for adults who have been unsuccessful in multiple community settings and/or present an ongoing risk of harm to self or others.

**Integrated Care** services connect the whole health of an individual, including mental health, substance use disorders, and physical healthcare. DMH strives to improve the overall health of individuals by implementing innovative approaches to care coordination across multiple healthcare settings, opening new doors for crisis intervention, focusing on data driven outcomes, and building extensive community partnerships.



- **Health Homes** target Medicaid individuals enrolled in Community Mental Health Centers (CMHCs) who have a behavioral health condition and a chronic health condition. Health Homes provide care coordination while integrating a new approach to care management of chronic diseases using Health Information Technology (HIT) tools for population care management. Outcome goals were established for improving the health status of individuals with hypertension, diabetes, and cardiovascular disease. Health Homes reduce inpatient hospitalization and emergency room visits by adding nurses and a primary care physician consultant to the care management team. Transitional care between hospital discharge and the community is also provided. There are 26 Health Homes that served 32,241 individuals in calendar year 2018.
- **Disease Management (DM)** are collaborative projects between DMH and the MOHealthNet Division. The project targets Medicaid-eligible adults with high medical costs who have a serious mental illness and/or a substance use disorder and who are not currently receiving behavioral health services. These individuals often have impactful chronic health conditions. These individuals are identified and engaged in appropriate behavioral health services, including Health Homes services for care coordination of their chronic medical conditions. For FY 2019, approximately 6,800 individuals were enrolled in DM 3700, and approximately 1,300 were enrolled in the Alcohol and Drug Abuse (ADA) DM.
- **Access Crisis Intervention (ACI)** services assess and provide assistance (or appropriate intervention) for acute behavioral health crises; link individuals with services, resources and supports; and maintain individuals in the least restrictive setting and in the community when clinically feasible. ACI provides a timely response, intervention, and referral for persons experiencing behavioral health crises 24 hours a day, seven days a week. ACI services are statewide. Over 73,400 crisis calls were answered in FY 2018.
- **Emergency Room Enhancement (ERE)** services are available in 84 of Missouri's 114 counties, accounting for over 89% of Missouri's population. ERE is present in over 70 hospitals and clinics for people in behavioral health crisis. Over 8,114 individuals have been engaged: 96% with psychiatric disorders, 68% with substance use disorders, and 65% with physical health concerns. Overall, there has been a 72% decrease in ER visits, a 73% reduction in hospitalizations, and a 59% reduction in law enforcement contact after six months.
- **Community Mental Health Liaisons (CMHLs)** are located in Community Mental Health Centers across the state. They work with courts and law enforcement to facilitate access to care and improve service coordination for people with mental illness or substance use disorders. CMHLs provide training, consultation and coordination of existing crisis and community treatment services. More than 13,400 referrals from law enforcement have linked Missourians to needed behavioral health services during calendar year 2019.



### **Consumer-Operated Service Programs**

Consumer-operated service programs are peer-run service programs that are administratively controlled and operated by individuals in recovery from mental illness and emphasize self-help. Drop-In Centers are safe places where individuals can go to find recovery programs and services provided by their peers, such as recovery focused support groups, life enhancement skills training, goal setting, problem solving, computer and internet access and socialization with others in recovery. Warm Lines offer safe, confidential telephone support provided by peers in recovery from mental illness. They also make connections to other services including housing, food banks, transportation, professional counseling and crisis management.

### **Fulton State Hospital**

During the 2014 Legislative session, Missouri lawmakers agreed to fund construction of a new, high security facility at Fulton State Hospital to replace an older building which no longer met the need for modern psychiatric treatment.

Fulton State Hospital is the oldest state psychiatric hospital west of the Mississippi River and houses Missouri's most severely mentally ill. The new, \$211 million dollar facility opened for occupancy in Summer 2019 and features a 300-bed, high-security complex.

For the latest information visit: <https://fultonrebuild.mo.gov/>.

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**Program Eligibility:** All Missourians are eligible to receive services for mental illness. Eligibility for many of these services are determined through Administrative Agents designated by DMH. To determine if an individual has the ability to pay a portion of the cost of care, a Standard Means Test is used.

[Here is the link to the current map and listing of administrative agents.](#) It can also be found on the next page.





# MISSOURI DEPARTMENT OF MENTAL HEALTH DIVISION OF BEHAVIORAL HEALTH MENTAL HEALTH SERVICES PROVIDERS



— Service Area Boundaries  
— County Boundaries  
■ Administrative Agents  
● Affiliated Centers

**SERVICE AREA 1 Administrative Agent**  
Family Guidance Center  
734 N. 22nd St.  
Saint Joseph, MO 64506  
816-364-1501

**SERVICE AREA 2 Administrative Agent**  
Truman Medical Center Behavioral Health  
2211 Charlotte  
Kansas City, MO 64108  
816-404-6700

**SERVICE AREA 3 Administrative Agent**  
Snope Health Services  
3801 Blue Parkway  
Kansas City, MO 64130  
816-322-7545

**SERVICE AREA 4 Administrative Agent**  
ReDiscover  
901 NE Independence Ave  
Lee's Summit, MO 64063  
816-246-8000

**SERVICE AREA 5 Administrative Agent**  
Comprehensive Mental Health Services  
17644 E 23rd St, P.O. Box 260  
Independence, MO 64067  
816-322-7545

**SERVICE AREA 6 Administrative Agent**  
Tri-County Mental Health Services  
3100 NE 33rd St, Suite 1001  
Kansas City, MO 64119-3993  
816-463-6400

**SERVICE AREA 7 Administrative Agent**  
Compass Health  
520-C Burkhardt Rd  
Warrensburg, MO 64093  
660-747-7127

**SERVICE AREA 8A Administrative Agent**  
Clark Community Mental Health Center  
104 W Main, P.O. Box 100  
Pleasant City, MO 65723  
417-476-1000  
Consumer Services Contact: 1701 N Central  
Missouri, MO 65705  
417-235-5610

**SERVICE AREA 8B Administrative Agent**  
Compass Health  
1900 Community DR  
Clinton, MO 64735  
680-455-5131

**SERVICE AREA 9 Administrative Agent**  
Ozark Center  
3005 McDaniel, P.O. Box 2626  
Joplin, MO 64804  
417-247-7600

**SERVICE AREA 10 Administrative Agent**  
Barrett Behavioral Health  
1300 Bedford Parkway  
Springfield, MO 65804  
417-259-5490

**SERVICE AREA 11 Administrative Agent**  
New Horizons Community Support Services  
1905 Stadium Blvd, P.O. Box 104146  
Jefferson City, MO 65110-4146  
573-624-3000

**SERVICE AREA 11 Affiliated Center**  
New Horizons Community Support Services  
2015 William St  
Jefferson City, MO 65109  
573-624-3000

**SERVICE AREA 12 Administrative Agent**  
Barrett Behavioral Health Central Region  
3401 Berrywood Dr, Suite 204  
Columbia, MO 65201  
573-777-4480

**SERVICE AREA 12 Affiliated Center**  
New Horizons Community Support Services  
1408 Hoffman Place  
Columbia, MO 65201-6551  
573-425-0435

**SERVICE AREA 13 Administrative Agent**  
North Central Missouri Mental Health Center  
1601 E 28th, P.O. Box 38  
Trouton, MO 64683  
660-359-4467

**SERVICE AREA 13 Affiliated Center**  
Preferred Family Healthcare  
500 E La Harpe  
Kirksville, MO 63501  
660-665-1952

**SERVICE AREA 14 Administrative Agent**  
Mark Train Behavioral Health  
917 Broadway  
Hannibal, MO 63401  
573-212-1220

**SERVICE AREA 14 Affiliated Center**  
Preferred Family Healthcare  
900 E La Harpe  
Kirksville, MO 63501  
660-665-1952

**SERVICE AREA 14 Affiliated Center**  
Comprehensive Health Systems  
12677 Heavenly Acres Dr  
New London, MO 63408  
573-248-1272

**SERVICE AREA 15 Administrative Agent**  
East Central Missouri Behavioral Health Services  
Arthur Center  
311 W Pennsboro  
Mexico, MO 65205  
573-652-0234

**SERVICE AREA 15 Affiliated Center**  
Comprehensive Health Systems  
12677 Heavenly Acres Dr  
New London, MO 63408  
573-248-1272

**SERVICE AREA 16 Administrative Agent**  
Compass Health dba Crider Center  
1102 Greenwinds Ct  
Meriame, MO 63085  
636-332-8000 or 636-574-2402

**SERVICE AREA 16 Affiliated Center**  
Compass Health  
1400 E 10th St, P.O. Box 301  
Rella, MO 65440  
573-354-7651

**SERVICE AREA 17A Administrative Agent**  
BJC Behavioral Health Community Services  
1065 Maple St  
Farmington, MO 63636-1835  
573-756-5353

**SERVICE AREA 17B Administrative Agent**  
BJC Behavioral Health Community Services  
200 S Washington, P.O. Box 510  
Farmington, MO 63636  
573-756-5353

**SERVICE AREA 17 Affiliated Center**  
Southeast Missouri Behavioral Health  
512 East Main St, P.O. Box 506  
Paris Hills, MO 63601  
573-431-0554

**SERVICE AREA 18 Administrative Agent**  
Ozark Medical Center Behavioral Healthcare  
903 Kentucky, P.O. Box 1100  
West Plains, MO 65755  
417-257-6782 or 800-492-9439  
Satellite: Mountain Grove Medical Complex  
1604 N Main  
Mountain Grove, MO 65711  
417-506-4503

**SERVICE AREA 18 Affiliated Center**  
Family Counseling Center  
325 Hwy 191, P.O. Box 71  
Kennett, MO 63857  
573-888-5925

**SERVICE AREA 18 Administrative Agent**  
Family Counseling Center  
325 Hwy 191, P.O. Box 71  
Kennett, MO 63857  
573-888-5925

**SERVICE AREA 20 Administrative Agent**  
Boothell Counseling Services  
760 Plantation Blvd, P.O. Box 1043  
Sheldon, MO 63401  
573-471-0500

**SERVICE AREA 21 Administrative Agent**  
Community Counseling Center  
402 S Olive Springs Rd  
Cape Girardeau, MO 63703  
573-354-1100

**SERVICE AREA 22 Administrative Agent**  
Coxsack Community Treatment  
227 Main St  
Festus, MO 63020  
636-301-2700 Ext 345

**SERVICE AREA 22 Administrative Agent**  
BJC Behavioral Health Community Services  
North Side 345 S. Highway Rd, Suite 200  
Braggton, MO 63044-2550  
314-266-3900  
South Side 345 S. Highway Rd, Suite 200  
Kirkwood, MO 63122-5915  
314-266-3400

**SERVICE AREA 24 Administrative Agent**  
Jennett Luckett Murphy Hospital Center  
1534 S Grand  
Saint Louis, MO 63104  
314-331-1770

**SERVICE AREA 25 Administrative Agent**  
Jennett Luckett Murphy Hospital Center  
1430 Olive St, Suite 500  
Saint Louis, MO 63103-2377  
314-266-3700

**SERVICE AREA 25 Affiliated Center**  
Places for People  
4130 Lindell Blvd  
Saint Louis, MO 63108  
314-535-6900

**SERVICE AREA 25 Affiliated Center**  
Independence Center  
4145 Forest Park Ave  
Saint Louis, MO 63109  
314-535-4245

**SERVICE AREA 25 Affiliated Center**  
ADAPT of Missouri  
2391 Hampton  
Saint Louis, MO 63139  
888-657-3201

Source: ArcGIS/Smith  
File Name: MentalHealth-  
ServiceArea/Affiliates.mxd/pdf  
Revised February 2017



DD's philosophy is based on principles emphasizing that families are the most important support network for all people, including individuals with developmental disabilities. One of the best ways to support individuals with intellectual/developmental disabilities is to support and empower their families – to work with them to identify their most important needs and find the most cost-effective way to meet those needs. At the same time, we must support and empower youth and adults with developmental disabilities to begin making their own decisions so they will be able to direct their own services and supports at the appropriate time in their lives.

The service system is a partnership of consumers, families, community members and organizations, DD, Senate Bill 40 Boards, Division of Developmental Disabilities contracted service providers, and advocacy entities. Through case management and based on individual needs, individuals are referred to a variety of services and supports administered by other state agencies. These agencies include but are not limited to Division of Behavioral Health, MO HealthNet Division, Family Support Division, Children's Services Division, Bureau of Special Health Care Needs, Division of Senior Services, and Division of Vocational Rehabilitation.

DD contracts for services and supports for people with disabilities and their families which include early childhood intervention, therapies, skills training, vocational training, and recreational and residential supports. These services meet lifetime needs of people with disabilities.

Specialized services necessary to meet an individual's needs may be purchased by DD within the limits of its appropriation. This may include educational services, Medicaid and Medicare funded services, food stamps, or housing assistance. These are available from other State and Federal programs when the individual qualifies for them. Emphasis is placed upon providing the service or support through local rather than specialized providers when possible.

Of the 38,927 people receiving services through DD, approximately 38,620 live in the community. They may live with their family, with relatives who receive family support services, or in their own homes, either alone or with one or two others who receive Individualized Supported Living (ISL) services. Other types of community residential living arrangements include foster homes, group homes, residential care centers, and community-based Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). DD receives about \$1.064 billion for community programs (including Federal authority for Medicaid payments).

**Regional Offices** are the entry point into the service system. There are six principal sites supported by six satellite locations. Staffed by support coordinators and support personnel, the offices perform intake activities to determine if an individual is eligible for services. When a person is found eligible for services, the individual and family, in partnership with the support coordinators, work to identify needed services or supports. These services and supports are documented in a person-centered plan that describes what is needed, how the service/support



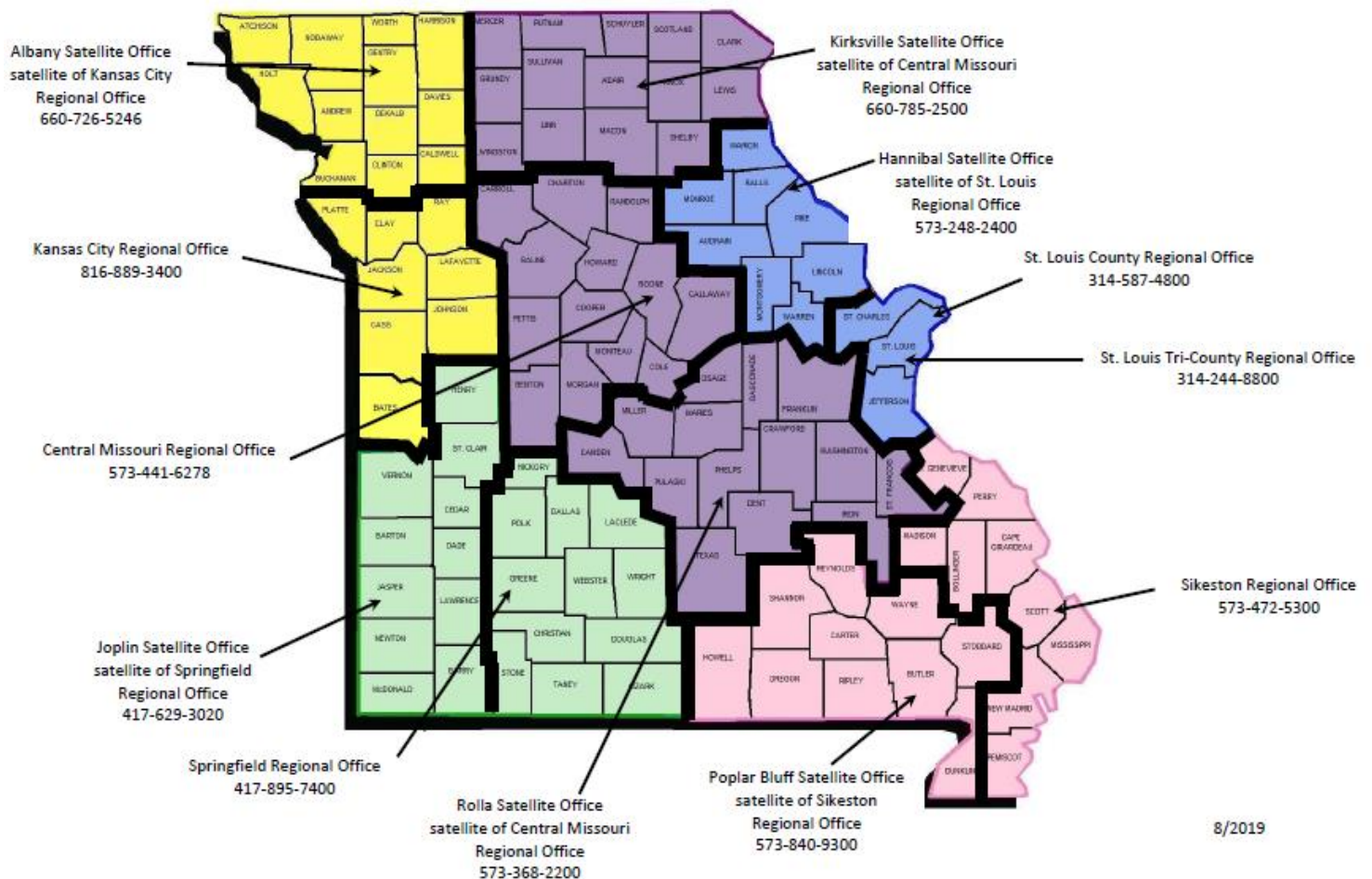
## DD - Services for Developmental Disabilities, continued

will be obtained, and the method by which the effectiveness of the service or support will be measured.

When developing and implementing person centered plans, DD strives to meet an individual's needs in the most appropriate environment, typically in or near the individual's home. The six Regional Offices serve approximately 38,000 people annually with a total budget of about \$31 million.

A map of the Regional and Satellite Offices is below.

### Division of Development Disabilities REGIONAL OFFICES



8/2019



## DD - Services for Developmental Disabilities, continued

### **Home and Community Based Waiver Programs and Services**

DD administers four Medicaid Home and Community-Based (HCBS) Waiver Programs for individuals with developmental disabilities: the Comprehensive Waiver, Missouri Children with Developmental Disabilities Waiver (MOCDD, formerly the Lopez Waiver), Community Support Waiver and Partnership for Hope Waiver (Prevention Waiver).

Authority for DD's waivers is the result of a special arrangement between the State and Federal government that allows Missouri to use Medicaid funding for specialized services provided only to a target group of people who have intellectual and developmental disabilities and not to all people with Medicaid. DD uses general revenue funds to match federal dollars to pay for these waiver services. Services provided through these HCBS waivers, which are part of the Medicaid Program, are the primary funding source for services for individuals who are MO HealthNet eligible and determined to require an institutional (ICF/IID) level of care otherwise.

**The Comprehensive Waiver** began in 1989. This is the only waiver that provides residential services including residential habilitation and individualized supported living services. This waiver does not have an individual cap on the amount of services an individual may receive annually. The person must meet the ICF/IID level of care and must be at risk of needing ICF/IID services if waiver services are not provided. In addition, there must be a determination that the individual's needs cannot be met in the Community Support Waiver.

Although this waiver can provide residential supports services when they are necessary, not every participant accesses residential services. An estimated 13 percent of these participants live with their families and receive support services so they may continue to live at home; the remaining 87 percent are supported in group home settings and individualized supported living.

**The Missouri Children with Developmental Disabilities Waiver (MOCDD)** is a Medicaid model waiver administered by DD since 1995. Medicaid guidelines require parental income and resources to be considered in determining a child's financial eligibility for Medicaid when the child lives in the home with the parents. This requirement is waived for children who participate in the MOCDD Waiver. The waiver provides eligibility for all State plan Medicaid services in addition to waiver services. To be eligible for this waiver, the child must not be eligible for Medicaid under regular guidelines, be under the age of 18, live with their parents/family, meet financial guidelines, be determined to have permanent and total disability, be eligible for ICF/IID level of care, and be at risk of needing ICF/IID services if waiver services are not accessed.

No more than 366 children can be served in the MOCDD Waiver at any one time. The average cost of waiver services per participant in FY 2019 was approximately \$12,482.

**The Community Support Waiver** began in 2003 for persons who have a place to live in the community, usually with family, but where the family is unable to provide all of the services and supports the person requires, which may include 24-hour care or supervision, seven days a week. This waiver has an individual annual cap of \$28,000 on the total amount of services a person can receive. The person must meet ICF/IID level of care and be at risk of needing ICF/IID services if



## DD - Services for Developmental Disabilities, continued

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waiver services are not provided. In FY 2019, the Community Support Waiver served 4,213 individuals at an average cost of \$23,517.

**Partnership for Hope Waiver** began in 2010. This is a county-based prevention waiver that is a result of a partnership of the Missouri Association for County Boards for Developmental Disability Services, the Division of Developmental Disabilities, and the MO HealthNet Division. Early research on best practices and the waiver development was supported by a grant from the Missouri Foundation for Health to the Missouri Association for County Boards for Developmental Disability Services. This waiver can serve adults and children and has an annual total waiver service cost limit per participant of \$15,000.

Eligibility requirements include: being eligible for Missouri Medicaid and DD services; participants' needs can be met with a current community support system; waiver services are not to exceed an annual cost of \$15,000; participants meet ICF/IID level of care; participants reside in a participating county; and participants meet crisis or priority criteria.

The Partnership for Hope Waiver includes services such as personal electronic safety device and professional assessment and monitoring, dental care, temporary residential support, and career preparation services. The Partnership for Hope Waiver can serve no more than 3,220 individuals at any given time. There are currently 104 counties and the City of St Louis participating in this waiver.

Below is a link to services provided in the waivers:

<https://dmh.mo.gov/dd/progs/waiver/docs/waiverfactsheet.pdf>

**Missouri Commission on Autism Spectrum Disorders** was established within the Department of Mental Health in 2008, with the signing of Senate Bill 768 into law.

The Commission participant requirements includes 24 members, including four members of the State's general assembly and seven ex-officio representatives from various state departments. The 13 remaining members are appointed by the governor with the advice and consent of the Senate and must include two parents of people with autism; two persons with autism spectrum disorder; and providers from the educational, therapeutic, and healthcare fields.

The Commission, as set forth in RSMo 633.200, is charged with developing a comprehensive statewide plan for an integrated system of training, treatment, and services for individuals of all ages with autism spectrum disorders.

**Office of Autism Services (OAS)** was established within the Division of DD, with the signing of Senate Bill 768. The OAS provides leadership in program development for children and adults with autism spectrum disorders, and the establishment of program standards and coordination of program capacity.



**Missouri's Autism Projects** - In the late 1980s, Missouri families established a grassroots campaign to obtain services to meet the needs of families and their loved ones with an autism spectrum disorder. The result of their effort is a budgetary allocation of almost \$9 million that provides for family-centered services to be recommended by five regional parent committees known as "Missouri Autism Projects." Established in both Missouri statute and code, Missouri Autism Projects recommend funding for services aimed at assisting individuals with autism spectrum disorders to remain in the home and participatory in their communities.

**State Operated Services: Habilitation Centers** - The primary mission of the habilitation centers is to provide residential services, direct care support, and treatment services for people who cannot be supported in other residential settings in the community. Each resident of the habilitation center has an individual plan that identifies services and supports needed to live successfully in the habilitation center or to return to the community.

DD operates Southeast Missouri Residential Services in Poplar Bluff and Sikeston; Bellefontaine Habilitation Center and St. Louis Developmental Disabilities Treatment Centers, both in St. Louis; and a habilitation center in Higginsville. These facilities are certified as intermediate care facilities for individuals with intellectual disabilities (ICF/IID) and collect federal Medicaid matching funds. Southwest Community Services in Nevada and Northwest Community Services in Marshall operate Medicaid Waiver settings in the community. The four habilitation centers plus Northwest and Southwest Community Services received approximately \$87 million in FY2019, and served 308 individuals on campus and 212 individuals in state-operated waiver community settings.

### **Bellefontaine Habilitation Center**

10695 Bellefontaine Rd  
St. Louis, MO 63137  
Phone 314-264-9101  
Toll Free 888-549-6632

### **Southwest Community Services**

2041 A/B E. Hunter  
Nevada, MO 64772  
Phone 417-667-7833  
Toll Free 888-549-6637

### **Higginsville Habilitation Center**

100 West 1st Street, P.O. Box 517  
Higginsville, MO 64037  
Phone 660-584-2142  
Toll Free 877-884-9908

### **Southeast MO Residential Services -** (2 locations)

Poplar Bluff  
2351 Kanell Boulevard  
Poplar Bluff, MO 63901  
Phone 573-840-9370  
Toll Free 888-677-2086

### **Northwest Community Services/ Marshall Crisis Services**

700 E. Slater Street, P.O. Box 190  
Marshall, MO 65340  
Phone 660-886-2201  
Toll Free 800-241-2741

Sikeston  
112 Plaza Drive, P.O. Box 966  
Sikeston, MO 63801  
Phone 573-472-5305  
Toll Free 888-677-2084





## DD - Services for Developmental Disabilities, continued

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### **St. Louis DDTC - (2 locations)**

St. Charles Habilitation Center

22 Marr Lane

St Charles MO 63303

Phone 636-926-1300

South County Habilitation Center

2312 Lemay Ferry Road

St. Louis, MO 63125

Phone 314-894-5400

**Expansion of Local Case Management Services** -The past few years have brought about unprecedented cooperation between Senate Bill 40 boards (SB40) and the Division of DD. Because most SB40 County Boards provide or procure services for Division-eligible consumers, many of the boards have entered into contracts with DMH. These contracts allow:

- The boards and division to plan together to avoid duplication of programs;
- The use of SB40 funds as match to expand both residential and other types of priority services within counties, thereby helping to reduce waiting lists for Division services at a time when state resources are extremely limited; and
- The Division of DD to establish local targeted case management (TCM) services in all counties and the City of St. Louis providing nearly 65% of the TCM services.

**Missouri Developmental Disabilities Council** – DD receives federal developmental disabilities funding to support the activities of the Missouri Developmental Disabilities Council. The Council is a 23-member, consumer-driven group appointed by the Governor. Its mandate under P.L. 106-404, the Developmental Disabilities Assistance and Bill of Rights Act, is to assure that individuals with developmental disabilities and their families participate in the design of, and have access to, needed community services, individualized supports, and other forms of assistance that promote self-determination, independence, productivity, and integration in all aspects of community life.

The Missouri Developmental Disabilities Council's plan provides for:

- Regional and statewide needs assessment, planning, and advocacy;
- Conducting/establishing model demonstration projects and effecting systems change;
- Increasing the level of local funding for program supports; and
- Educating policymakers through advocacy for systems change.

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Missouri Department of Mental Health

1706 East Elm St., P.O. Box 687

Jefferson City, MO 65102

573-751-4122 or 1-800-364-9687

[www.dmh.mo.gov](http://www.dmh.mo.gov)

[@MentalHealthMO](https://twitter.com/MentalHealthMO) \* [facebook.com/MentalHealthMO](https://facebook.com/MentalHealthMO)

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